

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 342360	
1. Entity Name THOMPSON-BAILEY-BAKER REALTY, INC.	

Principal Place of Business 1301 PLANTATION ISLAND DR STE 206B SAINT AUGUSTINE, FL 32080 US	Mailing Address P.O. BOX 70 POST OFFICE BOX 70 ST. AUGUSTINE, FL 32085 US
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1234093	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, PAUL J 1301 PLANTATION ISLAND DR. #206B SAINT AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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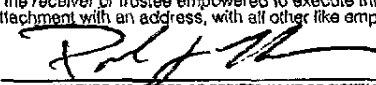
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, PIERRE D 206 PELICAN REEF DR. ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PAUL J PO BOX 70 SAINT AUGUSTINE, FL 320850070
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05/03/06-80001-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Paul J Thompson	4-14-06	904-471-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #